								Application or Docket Number					
	PATENT		1										
Effective October 1, 2003									0/74	<u> 13,</u>	743		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS 20							RA	TE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			21) minus 20=		* 08		X\$	9=	<u> </u>	OR	X\$18=		
INDEPENDENT CLAIMS			<i>L</i> <b>;</b> m	inus 3 =	* /		X4	3=		OR	X86=	86	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT			+14				1	+290=	0.6	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TO			OR	TOTAL	CY 1 /	
CLAIMS AS AMENDED - PART II								IAL		JON		<u>856</u>	
(Column 1) (Column 2) (Column 3							SM	ALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	BER BUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	* .	Minus	***		=	X4	3=		OR	X86=		
L		NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM		+14	5-			+290=		
	1,6,11,16,							OTAL		OR	TOTAL	<del></del>	
								FEE		OR .	ADDIT. FEE		
	-	(Column 1) CLAIMS	ı	(Colun		(Column 3)			ADDI		- 1	ADDÍ	
AMENDMENT B.		REMAINING AFTER AMENDMENT	.*	NUME PREVIO PAID F	BER ' USLY	PRESENT EXTRA	RA <sup>-</sup>	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	<b>.</b> *	Minus	**		= .	X\$	9= ·		OR	'X\$18=		
	Independent	*	Minus	***	GL 4414	=	X4:	3=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DE	PENDENT	CLAIM		+14	5=		OR	·+290=		
					•			TAL			TOTAL	•	
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT.	tee I	·		ADDIT. FEE		
	`	CLAIMS		HIGHE	ST		Γ		ADDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RAT	Έ	TIONAL		RATE	TIONAL	
	Total	*	Minus	**		= .	X\$ 9	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X43			ľ	X86=		
۷	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT	CLAIM			_		OR	700-		
										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					found in th	e app	ropriate box	in col	umn 1.		